

FILED JAN 13 1949 156

Registration District No. Primary Registration District No. 2A01

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin, MO
(c) Name of hospital or institution St. Johns Hospital
(d) Length of stay: In hospital or institution

In this community years, months or days (Specify whether)

3. (a) PRINT FULL NAME Infant Son Fullmer

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex M Color or race W 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years 7. Birth date of deceased December 25 1948

8. AGE: Years 0 Months 0 Days 1 If less than one day 12 hr. min.

9. Birthplace Joplin, Missouri

10. Usual occupation

11. Industry or business James Fullmer

12. Name James Fullmer

13. Birthplace Missouri

14. Maiden name Marjorie Herrod

15. Birthplace Missouri

16. (a) Informant James Fullmer

(b) Address 114 Byers St. Joplin, MO

17. (a) Burial (b) Date thereof Dec. 27/48

(c) Place: burial or cremation

18. (a) Signature of funeral director JOHNSTON ARNCE SIMPSON

(b) Address 26 S. Roane St. Webb City, MO

19. (a) Date received local registrar 12-31-48 (b) Signature of Registrar

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin, MO
(d) Street No. 114 Byers St.
(e) Citizen of foreign country? (Yes or No)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26 year 1948 hour 12 minute 45 M.

21. I hereby certify that I attended the deceased from Dec 25 1948 to Dec 26 1948 that I last saw him alive on Dec 26 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia
Due to: 6 month infection

Due to: ... Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: 759
Of autopsy: ...

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ...
(b) Date of occurrence ...
(c) Where did injury occur? ...
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ...
Signature: Ed. J. ... Date signed: 12-30-48

Table with 2 columns: Duration, Physician. Includes a signature and a checkmark.

PHYSICIAN Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision. _____ Registered Apprentice No. _____

Signed

Clayton M. Johnston

Licensed Embalmer No.

4304

P. O. Address

Webb City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.